Contra Costa County Disability Access Request Form For Programs, Services, and/or Activities

	behalf of: self other (specify)
	ess:
	hone number: Home:
Briefly describe a	access requested (attach additional sheets if necessary)
	accommodated (if known):

Please Attach Additional Sheets As Necessary

L	ntake Form ist the Departmental ADA Contact Person for the program, service, and/or etivity:
	Telephone number of the Departmental ADA Contact Person:
	Location of program, service, and/or activity: (include building address and room number:
	Date of meeting(s) with Requestor and Departmental ADA Contact Person and/or Department Affirmative Action Coordinator. Please list all meetin dates and the names of persons attending:

1	Describe access/accommodation provided:
-	
	f request denied, describe reason for denial and any alternatives offered
	Describe any difficulties encountered in providing access/accommodation
	Was the person seeking the accommodation satisfied with the outcome? explain)
	Was the person seeking the accommodation satisfied with the outcome?